

DEPARTMENT OF MANAGEMENT AND BUDGET

DRIVER EXPENSE REIMBURSEMENT VOUCHER

Data Entry Document - Write or Print Clearly

		DATE	
		6 DIGIT VEHICLE NUMBER	
NAME AND COMPLETE HOME MAILING ADDRESS	EMPLOYEE ID NUMBER		MAIL CODE
	WORK PHONE NUMBER		
	DEPARTMENT		
	DIVISION		
	PERIOD COVERED	DMB USE ONLY	
		CHECKED	AUDITED
CHECK REIMBURSEMENT ITEMS BELOW. INDICATE QUANTITIES AND ATTACH RECEIPTS.			DUE DATE
		QUANTITY	DOLLAR AMOUNTS
<input type="checkbox"/> CAR WASHES (How Many)			\$
<input type="checkbox"/> GAS (Number of Gallons)			\$
<input type="checkbox"/> OIL (Number of Quarts)			\$
<input type="checkbox"/> OTHER (Explain)			\$
		TOTAL AMOUNT	\$

I CERTIFY THAT ALL ITEMS OF EXPENSE INCLUDED ABOVE WERE INCURRED IN THE AUTHORIZED USE OF A STATE VEHICLE, AND REPRESENT PROPER CHARGES.

SIGNATURE OF DRIVER	DATE	APPROVAL SIGNATURE – SUPERVISOR OR MANAGER
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SUBMIT TO:

Department of Management and Budget
Financial Services Operations
Accounts Payable
P.O. Box 30026
Lansing, MI 48909

FOR D.M.B. USE ONLY

INDEX	COMPTROLLER OBJECT	COMMODITY CODE	AMOUNT
TOTAL			